# STUDENT HEALTH SURVEY

State Form 4290 (R3 / 9-94) / VRS 2055

| Name of student | | Date (month, day, year) |
|---|---|---|
| Address (number and street, city, state, ZIP code) | | Telephone number |
| Name of family doctor | Address (number and street, city, state, ZIP code) | |
| School | Class section | Date of graduation |

This survey is a request for personal information for use by Vocational Rehabilitation Services and will be considered CONFIDENTIAL per 34 CFR 361.49.

DIRECTIONS: Answer each question "yes" or "no" by placing an "X" on the correct line at left of the question.
Explain each "yes" answer in as much detail as possible.

| | |
|---|---|
| ☐ YES ☐ NO | 1. Have you ever been hospitalized? Why? |
| ☐ YES ☐ NO | 2. Are you now being treated by a doctor? State reason. |
| ☐ YES ☐ NO | 3. Have you been treated by a medical specialist? State reason. |
| ☐ YES ☐ NO | 4. Have you been restricted in physical activities? Why? |
| ☐ YES ☐ NO | 5. Are you frequently absent from school because of health problem? What health problem? |
| ☐ YES ☐ NO | 6. Are or have you been enrolled in special education classes? |

DIRECTIONS: Check any of the following which have been problems to you. Explain each problem checked at the bottom of the other side.

☐ 1. Arthritis

☐ 2. Asthma

☐ 3. Birth defects

☐ 4. Cancer (any type)

☐ 5. Cerebral Palsy

☐ 6. Chronic bronchitis

☐ 7. Cleft palate

☐ 8. Convulsions

☐ 9. Cystic fibrosis

☐ 10. Diabetes: If yes, is it controlled? ☐ Yes ☐ No

☐ 11. Emotional or mental disturbance or nervous breakdown?

☐ 12. Epilepsy

☐ 13. Hare lip

☐ 14. Heart condition

☐ 15. Hemophilia

☐ 16. Kidney disease

☐ 17. Loss of hearing: If yes, do you wear a hearing aid? ☐ Yes ☐ No

☐ 18. Loss of limbs

☐ 19. Loss of vision: Corrected by glasses? ☐ Yes ☐ No
Legally blind? ☐ Yes ☐ No
Unable to obtain a driver's license? ☐ Yes ☐ No

☐ 20. Muscular Dystrophy

☐ 21. Paralysis

☐ 22. Parkinson's disease

☐ 23. Polio

☐ 24. Rheumatic fever

☐ 25. Seizures

☐ 26. Severe scars or disfigurement

☐ 27. Sickle cell anemia

☐ 28. Spastic condition

☐ 29. Speech difficulties requiring therapy

(over )

☐ 30. Tuberculosis

☐ 31. Other, please list: _____

☐ I am interested in being referred to Vocational Rehabilitation Services for possible rehabilitation services.

☐ Though not disabled, I am interested in learning more about Vocational Rehabilitation Services.

☐ I am not interested in being referred to Vocational Rehabilitation Services.